DOCUMENT RESUME

ED 439 322 CG 029 889

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| AUTHOR | Falik, Louis H. |
| TITLE | Enhancing the Effectiveness of the Counselor through the Application of Mediated Learning Experience. |
| PUB DATE | 1997-05-00 |
| NOTE | 7p.; In: Caring in an Age of Technology. Proceedings of the International Conference on Counseling in the 21st Century (6th, Beijing, China, May 29-30, 1997); see CG 029 879. |
| PUB TYPE | Opinion Papers (120) -- Speeches/Meeting Papers (150) |
| EDRS PRICE | MF01/PC01 Plus Postage. |
| DESCRIPTORS | Counseling; *Counselor Training; Integrated Activities; Models; Skills |
| IDENTIFIERS | *Mediated Learning Experience |

ABSTRACT

The complex interpersonal process that makes up counseling includes dimensions of interviewing skill, assessing the present concerns of the client, understanding dynamics of behavior and change, and the employment of a repertoire of techniques and appropriate interventions. This complexity requires integration, either explicitly in a theoretical or methodological context or at an implicit functional level. This paper proposes an integrative model that is constructed to help train the beginning counselor, as well as more experienced counselors and therapists, to utilize the essential elements of the process, and to apply a flexible and relevant repertoire of skills to formulate appropriate responses. The model identifies the integrated conditions of the therapeutic process that need to be systematically accounted for to create change, and a bridging mechanism to connect specific process skills to the desired therapeutic change objectives. The mechanism for this change is mediated learning experience (MLE). The paper argues that integrating MLE criteria with the dimensions of the counseling process holds promise of enabling counselors to better understand therapeutic interactions, and to plan appropriate responses and interventions in a systematic and effective manner. (JDM)

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# ENHANCING THE EFFECTIVENESS OF THE COUNSELOR THROUGH THE APPLICATION OF MEDIATED LEARNING EXPERIENCE

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The complex interpersonal process that is counseling includes dimensions of interviewing skills, assessing the presenting concerns of the client, understanding dynamics of behavior and change, and the employment of a repertoire of techniques and appropriate interventions. To be effective, the counselor must use these skills in an organized, systematic and intentional way. Whatever one's specific methodological orientation, the counselor's responses must be cognizant of the process of the interaction, and related to helping the client to achieve behavioral change objectives that move the client toward relevant and desired outcomes.

This complexity requires an integration, either explicitly in a theoretical or methodological context, or at an implicit functional level. Beginning counselors often struggle with the integration, but as one gains experience the process usually becomes integrated and responses to the client, with increasing frequency, become seamless, spontaneous, and intuitive. This paper proposes an integrative model that is constructed to help the beginning counselor, as well as more experienced counselors and therapists, utilize the essential elements of the process, and apply a flexible and relevant repertoire of skills to formulate appropriate responses. The model identifies the integrated conditions of the therapeutic process that need to be systematically accounted for to create change, and a bridging mechanism to connect specific process skills to the desired therapeutic change objectives.

## The Theoretical and the Practical

The proposed integrative model is based on a theoretical construct and the summarization of a large body of work in counseling skills and process training. The theory is that of Reuven Feuerstein's **structural cognitive modifiability (SCM)**. The base of practical application comes from the microskills training movement stimulated by Carkhuff (1969), and elaborated by many others in the field, among them Ivey (1994), Egan (1986), and Kagan (1995). It has been proposed elsewhere (Falik and Feuerstein, 1990) that SCM is a theory that can usefully be applied to counseling and psychotherapeutic processes.

SCM rests on three central tenants: that there is a strong relationships between the parts and the whole of the person, that individuals are naturally drawn to becoming involved in the process of change or transformation, and that human development is self-perpetuating, self regulating, and actively seeking to be involved in the process of change. When the individual is blocked or impeded in the change process, thaere is a natural potential for modifiability, stimulating natural adaptational tendencies. Development is not fixed or immutable--it is open to continuous change in response to the demands of the environment. An essential aspect of SCM is that interventions do not simply change specific behaviors, but changes the inner structural nature of the individual, with the power to alter the course of development, at both behavioral and inner process/experience levels. The mechanism

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for this change is **mediated learning experience** (MLE) which is integrated as one of the constituent elements of the proposed integrative model.

The microskills movement in counselor research and training has identified relevant phases, aspects, and elements generic to the counseling process. When structurally identified, isolated and mastered, it is expected that these process elements will be integrated into an effective response repertoire directed toward client change objectives. It is proposed to add MLE to this structural conception, as a *bridge* between structural skills and relevant applications. The process skills can thus be viewed as the "how" of counseling, and the parameters of MLE as guides to interventions, or the "what" of the therapeutic intervention.

**Elements of the Integrative Model**

The goal of this work is the creation of a working model that can be utilized as a map and guide for the counselor in conceptualizing the counseling process, to determine initial and ongoing process responses relevant to the needs of the client, and to develop both short-term and longer range clinical goals.

The model thus incorporates four inter-related and dynamic elements:

Two major dimensions:

(1) Developmental **phases** or stages of the counseling process which represent temporal and experiential aspects of the counseling relationship,

(2) the functional components of **MLE** as criterial parameters that frame the therapeutic change objectives of the encounter, and

Two response modalities that are present in all interpersonal interactions, and enter into the specific formulation counseling responses:

(3) the **focus of the interaction** on content or process,

(4) the formulation of the **quality of the response**, in an overt/explicit or covert/implicit manner.

These elements provide a descriptive picture (or map) of the relevant interactive dynamics of the counseling process, and can be selected, manipulated, and used to heighten the systematic, planful, purposive nature of the interactive encounter.

(1) Developmental Phases: There are four generally accepted phases to the counseling process. An **attending** phase that creates conditions under which the counseling will take place, and conveys messages regarding the safety of the situation, the importance of the work, the value of the client, and the counselors interest and commitment to the activity. This phase has both verbal and non-verbal attributes. The foundation is laid for further phases of the work. The **listening** phase occurs relatively early in the process, and is characterized by the client's being encouraged to "tell the story" and begin to gain access to the details of his/her experience. Specific interviewing skills come into play here, as the counselor facilitates the accessing, and the broadening and deepening of client experience. At this phase the client's experience is framed so as to move to more active, change-oriented phases. The transition to **responding** phase activities is subtle, but is characterized by having a good "frame" created, and the beginning of searching and stretching the frame to determine the deeper, more meaningful, and change oriented issues to be worked on. The work of this phase, in the employment of interviewing skills, is to



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create a "reframe," or a working reformulation of the critical issues for the client. The last developmental phase is **intervening**, as client and counselor move actively into addressing various specific aspects of the problem or issue. This requires a clear identification of the problem and careful attention to goals, desired outcomes, and relevant steps to change along the way. At this phase the counselor's specific repertoire of intervention activities (techniques, methodological tools) is employed.

(2) Parameters of Mediated Learning Experience (MLE)

According to Feuerstein (1979, 1980, 1991) MLE is a central aspect of human experience. In the counseling relationship, the counselor draws the client into an interaction that creates conditions for mediation, freeing up as many and powerful experiences as can be brought into the human experience and directed toward growth and change. The MLE concept provides criterial dimensions of this human experience, and allows for an identification and manipulation of the interviewing skill and process elements. In the integrative model, they become the "what" of the encounter--guiding what the counselor says or does, or chooses not to say or do.

There are 12 parameters of MLE: three are considered "universal" in that they must be present to some degree in all interpersonal encounters. The remaining nine are "situational" in that they may or may not be present given the particular conditions of the encounter. In any given interaction, the counselor's responses contain varying combinations of different mediational objectives, with differential emphasis, inclusion, intensity, and focus.

The universal or generic MLE parameters are: **intentionality/reciprocity** that creates the reason and clear purpose of the interaction and engages the client in responding with comfort and mutual understanding, **transcendence** which takes the encounter beyond the immediate experience toward broader issues and generalizable themes, and **meaning** that conveys the importance and relevance of the client's experience and therapeutic activity. These parameters are of central focus in the earlier developmental phases, but remain present (at implicit levels) throughout the course of a counseling relationship.

The parameters which are differentially emphasized depending on the relevance of the situation are: mediation of feelings of **competence** wherein the client is helped to develop a positive belief in his or her ability to overcome difficulties by acknowledging already possessed strengths and the need for **challenge, novelty and complexity,** encouraging the client to face new, unfamiliar, or previously frightening experience. **Self-regulation and control of behavior** mediates client's experience in developing the skills in monitoring and adjusting responses to situations. **Sharing behavior** mediates the needs and skills of cooperation and empathic connections with others. The mediation of **individuation and psychological differentiation** presents opportunities to emphasize client uniqueness and difference as a positive aspect of human experience. **Goal seeking, setting, and achieving** activities focus on the relevance of creating both a need state and the skills of making plans and moving toward achieving them. The mediation of the need and capacity for **self change**, a search for **optimistic alternatives**, and a feeling of **belonging** relate to aspects of the client's belief system that activates a wide range of behavioral changes. These parameters suggest creating in the client both an openness to experience and a need state that moves into specific activities, within the counseling relationship and the outer life of the client.

(3) The Focus of the Interaction: Content/Process

An interpersonal interaction is a blend of **content** and **process**. Content is the details and specifics of the individual's experience. Process is the feelings, affect, and immediate


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experience in the interaction (either related to the client's experience of the content or the immediate reactions to the counseling situation). While there is an essential interaction between content and process, in the counseling interaction there is value and necessity in differentiating between them, and focusing on one or the other at various phases of the work or on various specific mediational objectives. It is part of the planful, systematic, and focused nature of the counseling encounter. Experienced counselors learn (almost intuitively) when to emphasize one over the other, for the client's benefit and to facilitate the forward movement of the work.

(4) The Quality of the Counselor's Response--Explicit/Implicit

Counselor's formulate their responses in direct, overt, open ways (explicitness) or in indirect, subtle, covert ways (implicitness). The choice is both strategic and tactical. Having a sense of the client's readiness, comfort, need states, and readiness for confrontation, as well as a sense of the longer range goals and directions for movement determines decisions on this dimension of interaction. The quality of response is somewhat independent of the MLE parameters and the focus of response, but is related to the developmental phase of the counseling relationship. The latter is dependent upon the client's level of trust and comfort with the process (attending phase), the time and depth of exploration of content (listening phase), and the readiness for confrontation or challenge (responding phase). This dimension is also more subject to considerations of methodological orientation--that is, some of the counselor's theoretical beliefs about the ways in which to apply specific activity (technical interventions) in the counseling process.

**Integrating These Dimensions into a Model**

The functional implication of integrating these dimensions with one another is to understand that at any point in the counseling relationship, any (and each) response formulated or evoked has differential meaning according to the dimensions of the model. Isolating a given response or intervention can be seen structurally--giving the counselor a heightened sense of its meaning and function in the relationship, and enabling the elaboration, reduction, or adaptation of subsequent responses according to the criterial dimensions observed and understood. It is suggested that this capacity to analyze and manipulate the counseling process gives the counselor control and purposiveness, reflected in the ability to both understand and flexibly react to what is perceived.

As a specific example, a given response or intervention can be subjected to the following analysis: (1) what phase of the counseling process does it occur within, and what are the criterial elements relative to that phase; (2) what mediational objectives are being persued, and how do they fit within the context of tactical and strategic goals for the client; (3) is the interaction primarily focused on content or process, what is the degree of overlap, and on what basis is the response focus chosen; and (4) is the counselor's response framed in an overt, explicit manner or a covert and implicit manner, and on what basis is the choice being made. Further, once this analysis is undertaken, issues of directionality can be considered--how is the client responding, what has been the progression of the relationship and work, where does the counselor want to go, and how does the current level and nature of response conform to this intentional progression.

**Applications for Training and Supervision**

This integrative model has been used with beginning counselors and psychotherapists, as an adjunct to initial interviewing skills training. It has also been used with more advanced students, as a bridge between their skills training and the initial phases of clinical process thinking. Experienced therapists have been introduced to the model, in the context of


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supervision and advanced training as a method to retrospectively analyze their process and consider modifications in clinical responses, case formulation, or strategic planning.

Some examples of applications in instructional, supervison, and consulting are:

(1) the creation of worksheets that enable the counselor to review a particular session (using audio or video tape) and identify responses within the context of the dimensions of the model. This can be elaborated into the creation of a session process map, wherein the dimensions of the model are applied to the overall content of the session, as a way of helping the counselor to obtain an overview of what occurred in the session related to where the counselor sees themselves being in the whole case.

(2) the creation of schematic depictions of basic counseling process dimensions related to elements of the model, to foster understanding of the dynamics of process. Several such products are the phases of the relationship related to the efficacy of content or process and the overlapping of content and process, the nature of parallel processes in counseling as a function of MLE parameters, the concepts of framing and reframing as they appear in the developmental stages of the counseling process and in relation to mediational objectives.

(3) the development of instructional vignettes, which have embedded within them particular dimensions of the counseling process, and that are presented to students or workshop participants to give them practice with identifying and differentiating elements of the counseling process.

## Summary and Conclusions

The integrative model described above has been used in a variety of instructional, supervisory, and consultative contexts. Initial reactions have been positive and have encouraged the author to proceed further. It has not been subjected to experimental testing, and so its ultimate validity remains to be assessed. It shows promise of generating a new and differently focused methodology for teaching counseling process, particularly for the gap between interviewing skills and clinical process analysis--that so many students and therapists experience in their training and development.

Clearly, the most unique contribution of the model is the integration of MLE criteria into the clinical process. It is our contention that using MLE in conjunction with the other elements of the model creates an observational index to assess the extent to which a client has begun to experience inner structural changes as a consequence of the therapeutic encounter, and as a guide to help the counselor formulate and/or evaluate responses in the context of the therapeutic relationship:

*Assessing Structural Change*: The parameters of mediation, considered as elements of inner change and adaptive or modificational potential can provide a perspective to identify client strengths and continuing needs. This is reflected in behavioral situations, and as clients retain changes in the face of new or currest stressors, and as they are generalized to new situations.

*Formulating and Evaluating Responses*: For the counselor, the model enables a careful, structured, and systematic evaluation of the ongoing working dimensions of the counseling process. Reviewing tapes or transcripts of counseling sessions, within the perspective of the model, can identify the extent to which events in the session give evidence of the range of mediational activities and the kinds of responses formulated and

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implemented during the session. By further differentiating the process, the counselor can identify critical dimensions which enter into the formulation of new responses and improvement in the quality of the interaction. For example: (a) intended outcomes (what did the counselor want to have happen at a particular point in the session); (b) selection of a content or process focus (what material in the session did the client respond to, and why); (c) the implicit or explicit quality of the responding in the session (were the responses indirect and covert or more active, direct, and clearly delivered, and what were the reasons for this way of responding), and (d) the appropriate and desired phase of the counseling process (where in the developmental stage of the counseling process does the work seem to be, and how does the response fit with the perceived developmental stage of the relationship).

In summary, integrating MLE criteria with the dimensions of the counseling process holds promise of enabling counselors to better understand therapeutic interactions and to plan appropriate responses and interventions in a systematic and effective manner. The explicit use of the functional criteria of mediated learning experience will help the counselor to improve both the content and process of his/her work.

(PARTICIPANTS WILL BE PROVIDED WITH SCHEMATIC REPRESENTATIONS OF THE ESSENTIAL CONCEPTS AND INSTRUCTIONAL EXAMPLES)

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